

**CALIFORNIA CONSERVATION CORPS****Executive Office**1719 24<sup>th</sup> Street, Sacramento, CA 95816

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www.ccc.ca.gov

**DETERMINATION OF QUALIFYING SCHOOL****Section A. To be completed by CCC scholarship applicant**

Name of CCC applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Section B. To be completed only by School/Training Program**

Name of school/program: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Total cost of program: \$ \_\_\_\_\_ Total number of classroom hours: \_\_\_\_\_

Do students receive a certificate or degree upon completion of the program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your school have a Financial Aid office? Yes \_\_\_\_\_ No \_\_\_\_\_

How long is a student eligible for placement assistance? Years: \_\_\_\_\_ Months: \_\_\_\_\_

What is the background of your instructors/school officials? \_\_\_\_\_

Describe your learning resources (books, manuals, videos, computer access, etc) \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE: Please enclose a copy of your refund policy***